

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/540716

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51	/	12	/			
2			/				52		12	/			
3			/				53	/	12	/			
4			/				54		12	/			
5			/				55		12	/			
6			/				56	/					
7			/				57	/					
8			/				58	/					
9			/				59	/					
10			/				60		22				
11			/				61		22				
12			/				62		22				
13			/				63						
14			/				64						
15			/				65						
16			/				66						
17			/				67						
18			/				68						
19			/				69						
20			/				70						
21			/				71						
22			/				72						
23			/				73						
24			/				74						
25			/				75						
26			/				76						
27			/				77						
28			/				78						
29			2				79						
30			2				80						
31			1				81						
32			1				82						
33			1				83						
34			12				84						
35			12				85						
36			12				86						
37			12				87						
38			12				88						
39			12				89						
40			12				90						
41			12				91						
42			12				92						
43			12				93						
44			12				94						
45			12				95						
46			12				96						
47			12				97						
48			12				98						
49			12				99						
50			12				100						
TOTAL IND.	5		1										
TOTAL DEP.	298		23										
TOTAL CLAIMS	303		24										